

Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Nation of

Occupation

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Mary E. Linderson

Town

County

Died at

Bel Air

Harford

MARYLAND

Date 189

8

Month

Day

29

Age

Y.

M.

D.

Native of

Occupation

~~Male~~

White

Married

~~Widow~~~~Single~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living 3

~~Husband~~

of

Wife

Father's

Name

Cause of

Primary

Heart trouble Paralysis of heart

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

The Democratic fed on 9/3/98
Bel Air

Address



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

D. E. Hall Richardson
attending physician

Clifford Barrow

Town

County

Harford

MARYLAND

Died at

Date 189

8

Month

8

Day

11

Age

Y.

2

M.

D.

Native of

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~~~Husband~~ of~~Wife~~

Father's

Name

Hugh Barrow

Mother's

Name

Cause of

Primary

Drowning

Death

Immediate

How long sick

14⁸Accident, ~~Swimming~~ ~~Home~~

Reported by

Valley Register, Middletown. 8/26

Address



Died at

Date 189 8

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Harriet Cager
 Town County

Harre de Grace *Harford*

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

*Aug.**2nd*

Age

*22**6**±**Harford Co**Housewife*~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

220

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Typhoid Fever

How long sick

Two Weeks

Death

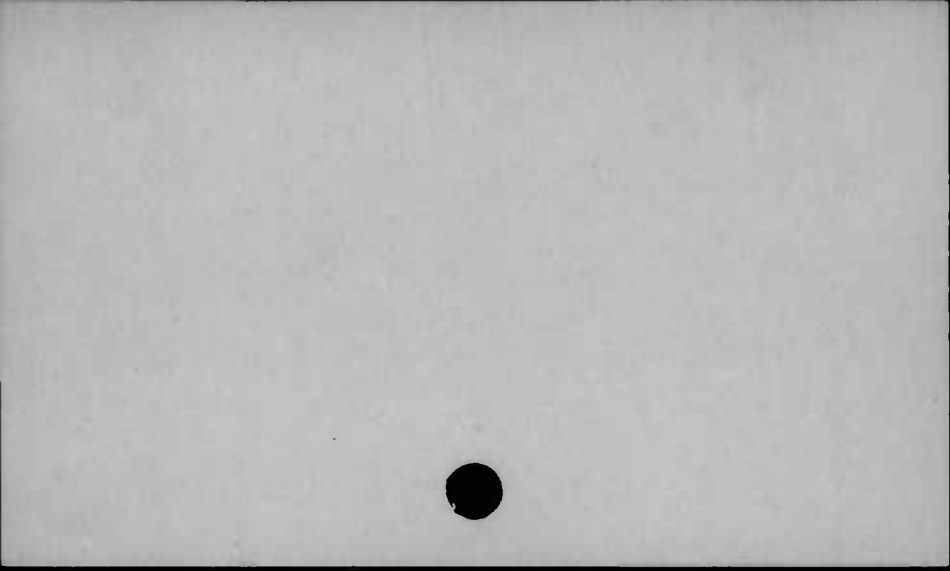
Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lydia O. Carter

Died at

Tulford

County

Harford

MARYLAND

Date 189

8 - 26

Month

Day

Y.

M.

D.

Native of

Occupation

Age 26

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Frank Carter

Mother's

Name

Cause of

Primary

Typhoid Fever

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Bel Air Times 9-13

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65088



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Date 189

Male

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

~~Widow~~

Divorced

~~Female~~

White

~~Colored~~~~Single~~

Widower

Number of children living

6

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55088



Name in Full

Certificate of Death

H. H. Foreman

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

A

A

10

Age

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored .

Single

Widower

Number of children living

Minister

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

Congestion of liver

97

How long sick

2 weeks

Accident, Suicide, Homicide

Reported by

Regis & Intelligence (Bel Air) Aug. 26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name in Full

Certificate of Death

Unity Gallion

Town

County

Died at

Dublin Harford

MARYLAND

Date 189

8

Month

Day

8 29

Age

Y.

M.

D.

83-

Native of

Maryland

Occupation

~~Male~~

White

Married

Widow

~~Quaker~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

3

~~Husband~~

of

Robert Gallion

Wife

Father's

Name

Jno. Thomas

Mother's

Name

Blanche Thomas

Cause of

~~Pneumonia~~

How long sick

Death

Immediate

Senile Decay

~~Accident, Suicide, Homicide~~

Reported by

Address

J. B. Pool
Dublin Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU PRON



John A. Grafton

Town

County

Died at

MARYLAND

Date 189 8 Aug. Friday Month Aug. Day Friday Y. 44 M. D. Native of N. Hants Occupation Farmer
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband

of

~~Wife~~

Father's

Mother's

Name

Name

Cause of

Primary

Death

Immediate

How long sick

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Henry Hess
 Town *new Hess P.O.* County *Harford* MARYLAND
 Died at

Date 189 *8* Month *8* Day *30* Y. *87* M. *8* D. *8* Native of *Germany* Occupation
 Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☒
 Female ☒ Colored ☒ Single ☒ Number of children living *6*

Husband
 of
 Wife

Father's Name Mother's Name

Cause of Death { Primary { Immediate {
 How long sick *161*
 Accident, Suicide, Homicide

Reported by *Bel Air Times 9-3*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 68888



Elizabeth Hollingsworth

Town

County

Died at

Bel Air

Harford Co

MARYLAND

Date 1898

Month

Day

8.29

Age

Y.

M.

D.

1

23

Native of

Harford

Occupation

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

X

Wife

Father's

Name

C. Hollingsworth

Mother's

Name

A. Roberts Young

Cause of

Primary

Measles, Pneumonia

How long sick

Death

Immediate

Meningitis

5

Accident, Suicide, Homicide

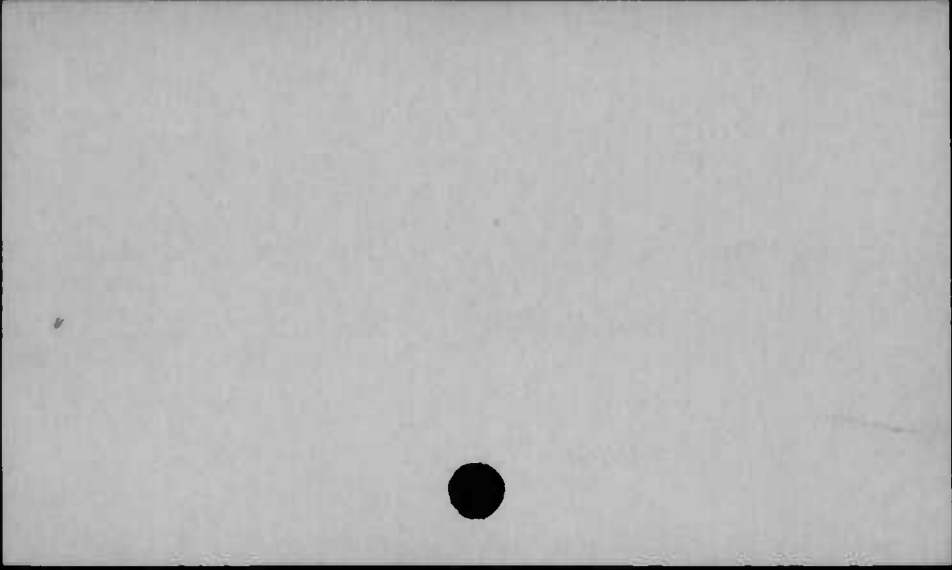
Reported by

C. Hollingsworth

Address

Bel Air

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Miss Anna L. Garrison (Mrs. Smith)

Died at

Town

Bel Air

County

Harford

MARYLAND

Date 189

8

Month

8

Day

27

Age

77

M.

D.

Native of

Occupation

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Wife

of

John Smith

Father's

Mother's

Name

Name

Cause of

Primary

Unknown

How long sick

Death

Immediate

161

Accident, Suicide, Homicide

Reported by

The Democratic Ledger 9/8/98

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Philip Morris

Died at ^{Town} Dublin ^{County} Harford MARYLAND

Date 189 ^{Month} 8 ^{Day} Aug ^{Y.} 38 ^{M.} 11 ^{D.} 22 Age ^{Native of} Maryland ^{Occupation} Farmer

Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☐

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband of Augusta Morris

Father's Name James Morris Mother's Name Mary Morris

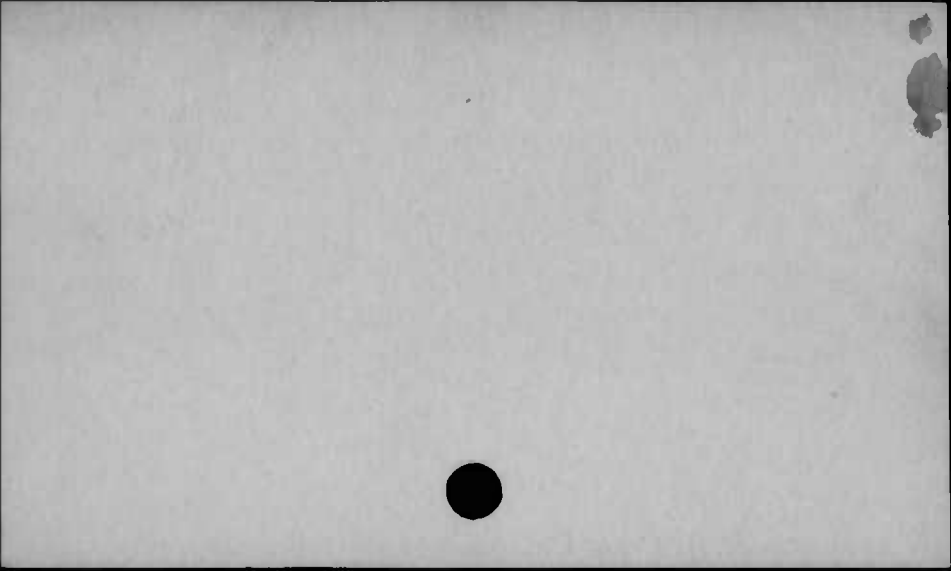
Cause of Death { Primary Immediate } Appoplexy

How long sick 2 hours

Accident, Suicide, Homicide

Reported by J. S. Boyle

Address Dublin Maryland



Ruth Silver Pritchard

Town

County

Died at

Abundem

Starford

MARYLAND

Date 1898

Month

Day

Aug

2

Age

64

M.

D.

Native of

Occupation

8

6

Maryland

~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

five

~~Husband~~

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

valvular disease Heart

How long sick

Death

Immediate

Coronal Thrombosis

Accident, Suicide, Homicide

Reported by

J. Kennedy

Address

Abundem Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Eleanna Ready

Town

County

MARYLAND

Died at

Abdeen

Harford

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

E

A-

23

Age

40

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Enterprise (Abdeen) Aug. 27

Address



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



William Reis -

Died at ^{Town} Churchville ^{County} Harford MARYLAND

Date 1895 ^{Month} Aug. ^{Day} 31 Age ^{Y.} 62 ^{M.} ^{D.} ^{Native of} Germany ^{Occupation} Laborer

Male White Married Widower Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband
of
Wife

Father's Name Mother's Name

Cause of Death { Primary Sunstroke
Immediate

How long sick
a few hours.

~~Accident Suicide Homicide~~

Reported by W. S. Gorsuch, M.D.
Address Churchville Md.



Name in Full

Certificate of Death

William Rice

Died at

Gar Green

Town

County

Harford

MARYLAND

Date 189

5

Month

Day

8-31

Y.

M.

D.

Age

62

Native of

Germany

Occupation

Laborer

Male

White

Married

Widow

Divorced

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Effects of heart 147

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

E. Hall Richardson, M.D.

Address

Bel Air, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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E. Hull Richardson M.D.
Bel Air, Md.

Mary Jane Steenup

Died at

Bel Air

County

Harford

MARYLAND

Date 189

Aug 6

Age

abt 43

Native of

Harford

Occupation

House work

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband
of

Wife

Father's

Name

James Steenup

Roman Steenup

Mother's

Name

Do not know

Cause of

Primary

Dilatation Heart

How long sick

Instant

Death

Immediate

Failure Heart - 57

Accident, Suicide, Homicide

Reported by

Catherine Wright

Address

Bel Air, Md.



Name in Full

Certificate of Death

Lillian Jane Sutton. Sutton

Town

County

Died at

Brookby Hill

Howard County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1898

August 3

Age 63

9

-

Maryland

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 0

~~Husband~~

Wife

of William I Sutton

Father's

Name

Boyd

Mother's

Name

Mary Boyd

Cause of

Primary

Paralysis

Death

Immediate

How long sick

12 weeks

44

~~Accident, Suicide, Homicide~~

Reported by

J. T. Kennedy

Address

Andover, Mass

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 1908



Walter H. Ward

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

Aug. 19

Age

7

mel

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

Samuel Ward

Mother's

Name

Margaret Walling

Cause of

Primary

Boettie feeding

PR

How long sick

2 days

Death

Immediate

Cholera Infantum

Accident, Suicide, Homicide

Reported by

Dr. R. H. Smith

Address

Ward Dr. Examiner



Samuel White Jr.

Town

County

Died at

Harre de Grace

Harford

MARYLAND

Date 1899	Month	Day	Y.	M.	D.	Native of	Occupation
Aug 3	3		31	1	17	Harford Co	Barber
Male	White	Married		Widow	Divorced		
Female	Colored	Single		Widower		Number of children living	2

Husband
ofFather's
Name

Samuel White

Mother's
Name

Nettie White

Cause of

Primary

Acute Cerebral Meningitis

How long sick

6

Death

Immediate

Accident, Suicide, Homicide

Reported by

A. C. Brothman

Address

Harre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

